رقم السنف

8000000728 GYC1000K Silver

8000000740 YC1800/1600 Silver

8000000830 OPHFras-CU Silver

ence

رقم

البينيه

شركة الأمين للتجميزات الطبية والعلمية Al Amin Medical Instruments Co. Ltd. . اساسوره اسی/۱۰ بطبیبیط .AL MAJAL AL ARABI FOR MAINT

**JEDDA** المجال العربي للصيانة - جدة

P.O.BOX 92833

JEDDAH 21485

100315: المنشأة المستلمة/SHIPPED TO

.AL MAJAL AL ARABI FOR MAINT JEDDA

المجال العربي للسيانة - جدة

P.O.BOX 92833

JEDDAH 21485

Billing Acct. No./زقم الحساب: 25107202

:رقم طلب البيع/.so No./ :شروط الدفع/Payment terms 800472272

:رقم التوريد/.Delivery No : شخص الاتصال/Contact Person

3002314 الرقم الضريبي للزبون/.300466305500003 Customer VAT No:الرقم الضريبي/.Amico VAT No : رقم طلب الشراء/.PO NO. KFHT20171-1

:رقم الفاتورة/Invoice No 1090002314 :تاریخ الغاتوره /Invoice Date

INVOICE

وصف الصنف

Refer SKU ID Item Description

Del Date

16.10.2 VAT Am

1

1 EA

2 EA

&TAV YTQ UPrice w/d VAT الكمية ضريبة

6,000.00

4,500.00

تاريخ السعر القيمة التوريد المضافة الفردي دون الضريبة 6,000.00

16.10.2018

16.10.2018

16.10.2018

سريبة 08

08

08

Payable

Tal

-س.ت : ۲۰۰۰ ۲۰۰۰ - دأس المال ۲۰۰ مليون ريال سعودي –غ.ت. : ۲۰۸۰۹

## User : Syed Arshad

TWENTY-ONE THOUSAND SAUDI RIYAL ONLY Total

Quantity

: الكمية

جموع غير شامل الضريبة/Total SAR

بة القيمة المضافة/VAT SAR

Net Amount/

	and the second s						Annual Control of the Control of the Control				
Hospital / Clinic : King Cis	a 1	Telepho	ne :		Dat	te : 24	RILE	Invoice	e#:		
HOS2/10/10/10	ie C	Fax:	47			PPM	1000				
Address		P.O. #:			Installation						
	Receive	d thru:			Warra	Warranty					
		SAP Sei	vice Call #:			Contra	act \		1.4		
Contact Person :						Paid S	Service				
Model: 40 1800		Serial #:	925	22		Desc	ription	5.0			
Problem / Error :			243					ase		1	
		oy.								TO THE PARTY	
		Υ ( )									
Work Report :	Misd	0100	2 5 22 6	1	) 1	. 1	·			1000	
							)				
baas	his o	11 /4	11 000		(						
17 (000	~ ~ ~ '	JOIN	1	200						STATE AND	
Optical Ophtha	Derma	] EN	IT .	Ortho		Neuro		Genera	al 🗍	Section 1	
Qty.		Part De	escription	17				Pa	art#		
										AND ADDRESS	
t l										1	
										State of Street	
					1					No. of Lot,	
Warranty Period:			12				Invo	ice#		1000	
Acceptance Date	1st F	PM	2n	d PM		3r	d PM	100 #	4	+1	
/ / 20		/ 20	1		0		· / 20		- 1	u	
Date	1	/ 20	1	12	The Carl	1	/ 20		1	No.	
	and the same of th						7 20		,		
Travel Time		W	orking Time	3			Expens	00		100	
Date From To Total Unit	t Total Da		To Total		Total	Date		-	Total	10000	
26/100			10101	01mc	Total	Date			iotai	000000000000000000000000000000000000000	
M.11 85	1									85555 SON	
all All Su	WY P	alma	jalalarabi	7 .					F	Secretary Property	
Motal Travel		4 المسانة العلية وع المسانة العلية	Total	Mork			Total Curs			STATE STATE	
Work Complete Yes	Charles and Designation of the last	وع الصيالة الطبية فيصل وبرج النشا الأولان 1. كالملا	19 C. W			Doto	Total Expe	nses:		90000	
Need Follow-up Yes	No S	aut Lusk	mer Engline	er	1. 7	Date					
Enclósed Formal ap	56		1			Stam	<b>p</b> :		_		
Engineer 4			\$60 And Andrews			Signa	Signature :				
8/	(H	otline 92	00 - Amie	co / 92	200-26	426)	180	1	<u> </u>	20	
Head Office: Jeddah : Riyadh Branch : P.O.Box 3871 Jeddah 21481 - KSA P. O. Box 55177, Riyad	Al-Kho h 11534, KSA P. O. Box	bar Branch:	Al-Mad	dina Brancl	h:	Abha Brar	nch :	Hail E	Branch :		

Tel.: +966-12-660 1149 / 665 5766 Tel.: +966-11- 480 0407 Tel.: +966-13-864 2911 / 864 3587 Tel.: +966-14-815 4244 / 815 2529 Tel.: +966-17-298 8700

	IVUL	1 3 27	The said	100		10.00	7 197					ENGINEE, I	Market Barrier			1,010,000	100		
Hospital /	Clinic	kin	200	150	. \		Tel	ephon	e :			Date	24-7	-18	Invoice	e#:			
Hospital / Clinic: King Fisal						Fax	x :					PPM							
Address	1103	3					P.C	P.O. #:					Installation						
							Re	Received thru:				Warrar	ty						
							SA	P Serv	rice C	all #:			Contra	ct					
Contact F	Person	:											Paid S	ervice					
Model: Gyclowo							Se	rial #	10 1	24			Descr	intion \					
Problem			0000	1 - Y 2 -					12	<u> </u>	<u> </u>		12000		95	e 17			
TODICIT	LITO		*			0	21	λ.											
						1	?)												
Work Re	port :			20	1110	1	~ .		0 0		- 0	- 1	100	1-					
			•	33	Mis	9	Ch	Q	a s	300	<u> </u>	ecu	- 11.)						
					15%		i.	1	٨		0 10	1.							
			m	0.0	hi!	3	u e	or V	111	1	1					ARE SEE			
185 X													un mitali		7				
Optical		Opht	tha		Derma		1	EN	T		Ortho		Neuro		Gener	al [			
Qty.				7			F	Part Description								Part #			
																	, arr		
The state of the s																			
Warrant	y Porie	od:												Inv	oice #				
vvariani			. Doto			4 1 1		M 2nd PM					3rd PM				4t		
	Welley In	/	Date			1st F		/ 20 / / 20				20		0		1			
Date			7 20		/		12	TO LOS	1 / 2			HTE MALE IN THE		/ 2	/ 20		1		
Date							1 2	7 20						.0					
		Travel	Time					Working Time					Expense						
Date	From	То	Total	Unit	Total	De	ate	From	То	Total		Total	Date	ZAPO	1000	To	tal		
Date	1 TOIL	10	Total	Orint	iotai	D.	110	1 10111	10	Total	Offic	Total	Date				ten		
	o NE	1	(h)	970	1		7												
		19	7	$\lambda a$	W.	va													
Total Total Total							L	almajalalarabi						Total Expenses:					
Work Complete Yes No						Nata	Nate 10 Chelles thork   Date :							репаса.					
NAME OF STREET	CONTRACTOR OF STREET		Yes	-	No No		LAIS	ا <del>عقاعب</del> اد السريساض	- 1·1·1	المراه	س.					A STATE OF			
Need Follow-up Yes No Enclosed								Stamp						np:	1		1		
Engine	1	1	TORK'T	92	1				2000 C		an alternative	ALCONOMICS OF	Sign	ature :	1	M			
d	1					( F	lotli	ne 92	200 -	Ami	co / 9	200-2	6426)		211				
Head Office:	leddah .	P	ivadh Bra	nch ·									Abha Br	anch:	Eac Ha	il Brand	h ·		

P.O. Box 3871 Jeddah 21481 - KSA P.O. Box 55177, Riyadh 11534, KSA P.O. Box 30047, Al Khobar 31952 - KSA P.O. Box 2870 Madina - KSA

Al Rajhi Center - Khalidiya - Abha - KSA Hail - KSA

Hospital	/ Clinic	12	200	50	\	T	elephone	9:			Date	517	-18	Invoice	#:
		SRIL		-	300	F	ax:					PPM			
Address		36,				F	P.O. #:					Installat	ion		
						F	Received thru:				Warranty				
					S	SAP Serv	rice Ca	II #:		77	Contrac	t			
Contact	Perso	n :										Paid Se	rvice		
Model:	Si	~ 910	V			S	Serial #:	41	23			Descri	ption 💍	nit	
Problem			_ /\												
					0	PH									
					)										
Work R	eport :		5	PA	1:5	201		ass	2 e c	ch	ock	list			
				100	ach	115	wo	hi	49	000	1				
	- 1	1							0	1					
												- design			
Optical		Ophi	tha		Derma		EN	IT		Ortho		Neuro		Genera	
Qty	<i>J</i> .						Part De	escripti	on					Pa	rt#
											1.				
Warra	nty Pe	riod:		/									Inv	oice#	
	Ac	ceptanc	e Date	(		1st PM			2nd	IPM		3rd	d PM		4t
		1	/ 20		1	1	/ 20 / / 20						12	20	1
Date					1	1	/ 20 / / 20					1	12	20	- 1
		Travel	Time			a water	V	Vorking	j Time				Exper	nses	
Date	Fro	m To	Total	Unit	Total	Date	From	То	Total	Unit	Total	Date			Total
. 00	1/	10		41_	مر										
Pyla	10	10	1	1				alma	al alara	bi					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.	1/1		Poli	WY	آثا	عرب		٥٠	)1					
	1	Map	Total Tr	avel		طائف	4 العابية رج النشاء بال	<del>وع الصياد</del> فيصل وب	48tai	<del>vi∕c</del> 1k			Total Ex	penses:	
Work	Compl	ete	Yes	مساء	No	Nó	ا - السرياض ite : Cusi	tomer	س.ت.ه ngine	eer		Date	:		A-
SURE CONTRACTOR	Follow		Yes		No.	2	9.35					Stan	np :	/	)
Encló	A STATE OF THE PARTY OF THE PAR	J.		16	1, 6								(	/	1
Engin	eer			P									ature :		10
							tline 9	200 -					nob	- Uni	Branch :
Head Offi P.O.Box 387	71 Jeddah 2	1481 - KSA	Riyadh Bra P. O. Box 551	77, Riyadh			047, Al Khobar		P. O. Bo	dina Brandox 2870 Mad	lina - KSA		i <b>ncn :</b> ter - Khalidiya - Ab -17-228 8790	oha - KSA Hail	- KSA : +966-16-558-6
Tel.: +966-1	2-660 1149	665 5766	Tel.: +966-1	1-480 040		Tel. : +966-	13-864 2911 / 8	04 358/		1966-14-815	4244 / 815 252		-17-228 8790 -17-228 8791		+966-16-558-5

ospital		_\	elephone			Date	:24.7-	8	Invoice#	:
Oopital	/ Clinic: King Cig	C F	ax:				PPM			
ddress	17 058; tot Tae	F	P.O. #:				Installatio	n		
aurooo		. F	Received t	hru:			Warranty			
			SAP Service	ce Call #:		د	Contract			
Name of	Person :						Paid Sen	vice		
			O = 11 = 1 #4 C	100:			Descrip	tion A		
	Singlex		Seriai #:	588 i	No. 4		Besch	uon <u>G</u>	KIT	•
Problem	i / Error :									- · · · · · ·
		BPH.								
					0			1		
Work Re	eport: PH:	s done	as	3ec	de	ik	Vis	7		
100										
	mach	i, w.	ork!	29 09	000	7				
				0	<u> </u>					
					<b>.</b>		No.		Genera	a 🗆
Optical	Ophtha	Derma	EN		Ortho		Neuro			
Qty	<i>y</i> .		Part De	scription					Part #	
1										
				Yes						
Warra	nty Period:							In	voice#	
	Acceptance Date	1st PN	Л	2nd	PM		3rc	I PM		4
	/ / 20		/ 20	1	12	20	. 1			
Date		1	/ 20	1	/ 20	)	1	1	20	1
						/				
	Travel Time		٧	Vorking Time	)			Expe	nses	
Date		it Total Dat	e From	To Total	Unit	Total	Date			Total
Date	C Slaves		_						1	
-Wi	112 11 1								100	
P	M ADW		alm	ajalalarabi						
	DA Moral Trave		الصيانة العلي	مشرو ا <u>ماثن ب</u> نی الملك د	Work			Total E	xpenses	
		DESCRIPTION OF PERSONS PROPERTY AND PERSONS PROPERTY PROPERTY PROPERTY AND PERSONS PROPERTY PROPERT	H - 1-1-101	السادة ١٨٨٩	AND THE REAL PROPERTY.		Date			The state of the s
	Complete Yes	No No	vote . Cus	tomer Engine	001				1	)
	Follow-up Yes	1 /2			.,		Stan	np:	5	1
Enclo	Al I	2/	1"				Sign	ature:	N	
Light		Joy (H	otline 9	200 - Ami	ico / 9	200-	26426)		1/2	
Head Off	fice: Jeddah : Riyadh Branch 871 Jeddah 21481 - KSA P. O. Box 55177, R	At-Kho	bar Branch:	Al-Ma	adina Brand Box 2870 Mad	ch: ina - KSA	Abha Br Al Rajhi Cei	nter - Khalidiya -	Abha - KSA H	lail Branch : lail - KSA
P.O.Box 38	8/1 Jeddah 21481 - KSA P. O. Box 551//, R	yaun 11004, NOA 1. 0. 00		04.0007 Tel .	1000 14 01E	A244 / 815	2529 Tel +96	6-17-228 8790	T	el. : +966-16-5